

## **PERSONNEL ADMINISTRATIVE INSTRUCTIONS**

Subject: Worker's Compensation

### **I. GENERAL:**

This instruction establishes the guidelines for administering a Worker's Compensation Program for city employees. This policy applies to all city employees.

### **II. APPLICABILITY:**

All employees who sustain injuries, occupational diseases, or death as the result of employment with the City of Hampton are entitled to receive Worker's Compensation benefits as prescribed by the Virginia Worker's Compensation Commission. The purpose of Worker's Compensation is to provide financial benefits and medical care. The Risk Management Division of the City Attorney's Office is responsible for administering the Worker's Compensation Program and shall provide the expertise and assistance to both management and employees.

### **III. BENEFITS AVAILABLE:**

The Worker's Compensation Program shall provide the following benefits to eligible employees. The exact amounts and eligibility shall be determined in accordance with the laws and rules of the Commonwealth of Virginia.

#### **A. Medical Expenses:**

Medical, surgical, hospital and rehabilitation costs incurred as a result of a job related injury or disease.

#### **B. Death Benefits:**

A specific sum payable for a specified period to survivors of an employee who dies as a result of a job related injury or disease.

#### **C. Compensation for Lost Time:**

When an injured employee is absent from work as a result of a work related injury or disease, the first seven (7) calendar days will be considered as injury leave and the employee shall be paid his/her normal salary by his/her department.

When an employee is absent from work for more than seven (7) calendar days because of a work related injury or disease, he/she shall receive worker's compensation beginning the day following the seventh calendar day. Worker's compensation payments normally equate to 66 2/3% of the employee's average weekly wage. However, the amount paid is

subject to the minimum and maximum rates established by the Virginia Worker's Compensation Commission. Compensation is based on the average weekly wage which is calculated from the employee's gross earnings for the 52 week period preceding the accident or disease and should be determined as soon as possible after the accident or disease. To qualify for injury leave or worker's compensation, the injured employee must provide the City with a disability certificate from an authorized medical practitioner that indicates total incapacity.

D. Salary Make-Up:

An employee with five (5) or more years of service on the date of his/her injury, or other compensable illness, may receive salary make-up in addition to the regular Worker's Compensation benefit defined above for a period not to exceed three (3) months. Salary make-up is defined as the difference between an employee's normal weekly salary/wages (not including overtime or holiday pay) and the amount of Worker's Compensation benefit. Salary make-up shall be payable upon written recommendation to the Office of Risk Management by the department head. Expiration of the three-month period for salary make-up shall have no effect on an incapacitated employee's continued eligibility for regular Worker's Compensation benefits.

E. Effect of Worker's Compensation Status on Other Benefits:

When an employee is receiving Worker's Compensation but is not receiving salary make-up, the City shall pay the employee's share of the premiums/contributions for Group Health Insurance and Group Life Insurance. When an employee is receiving both Worker's Compensation and salary make-up normal deductions for such premiums/contributions shall be withheld from the employee's pay each pay period. When an employee is in a non-work status due to a job incurred injury or disease for an extended period (usually 30 days or more), the department head may defer his/her performance appraisal until he/she returns to work and for such an additional period as may be necessary (not to exceed a period of time equal to the time that the employee was absent) in order to fairly appraise his/her performance.

IV. TYPES OF INJURIES AND MEDICAL CARE PROCEDURES:

A job-related injury arising during the course of employment should be reported immediately to the employee's supervisor, who is responsible for ensuring that the necessary treatment is provided to the injured employee. If the injured employee requires medical attention, the employee should be given an Authorization for Medical Treatment Form 060-20 (Attachment1) and transported to a medical treatment facility.

Supervisors are responsible for ensuring compliance with the following treatment procedures:

A. Emergency Medical Treatment:

Employees suffering injuries which require immediate emergency medical treatment such as profuse bleeding, broken bones, unconsciousness, shock, etc. shall be transported to:

**Sentara Hampton General Hospital  
3120 Victoria Boulevard  
Hampton, VA 23661**

First Aid should be administered as necessary until help arrives

B. Injuries Not Constituting An Emergency But Requiring Medical Care:

These types of injuries will be treated by either the Sentara Hampton General, 3120 Victoria Boulevard and/or at Sentara Careplex, 3000 Coliseum Drive, or by a physician selected by the injured employee from a panel of at least three physicians from the list of physicians approved by the City. This list of physicians is maintained by the Office of Risk Management and a copy is provided to each city department

C. Superficial Injuries:

Injuries such as minor cuts, bruises, small puncture wounds, scratches, etc., may be treated either in the field or in the office by administering proper first aid procedures. Injuries, which appear to be superficial but are extremely painful or show unusual symptoms, should be referred to a physician for examination.

V. ACCIDENT REPORTING REQUIREMENTS:

When the accident scene is under control and necessary medical treatment has been provided, the supervisor, in cooperation with the injured employee, should complete the following forms and forward them to the Office of Risk Management as soon as possible:

- **Employer's First Report of Accident – Virginia Worker's Compensation Commission Form #3 (original + 3 copies) Attachment 2**
- **Return-to-Work Certificate – City of Hampton Form 060-17 (original only and must be completed by treating physician) Attachment 3**

**Medical Assistance Waiver – City of Hampton Form 060-03RVI should be signed by employee(s) with minor injuries who do not wish to receive medical treatment. This form also requires information regarding the accident to include description, date, time, place, etc. Attachment 4**